| • | ENT APPLICATION F | 10-01-0 | TION RECOR | | 10 | on or bookel N | -Cauper - |
|-----------------------|--|----------------------------|--|--------------------|-----------------|-------------------------|---|
| AF | PLICATION AS FILED - | PARTI | | | | 11777 | |
| | (CORLINA 1) | (Oolumn's) | • 6 Ma | LL ENTITY | 0 0. | OTHER | THAN . |
| FOR FEE | . HUMBER FILED | NUMBER EXTRA | | | OR ~ | 8MALL E | ENTITY |
| 1.10(0), (b), or (c)) | | PENEVINA | RATER | FEE (8) | 1 1 | RATE (1) | |
| H FFE | 7 | | - L | | 7 | TOTE | FEE (1) |
| 1.1000, (), or (mil) | | 1. | 1 | | -1 · }- | | |
| 1.16(0), (0), or (all | | | - | | 4 L | . [| |
| CLAUMS 1.16(1) | | | | | ΙГ | | |
| NDENT CLAIMS | minus 20 • | 1 | lix. | | 1 | | |
| 1.16(N) | minue 1 = | | 1. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | OR X | · · · | 7. |
| TION SIZE | If the specification and dr | awings exceed 100 | 1 × | | ı x | | |
| | 16 \$250 (\$40E 600 | nation eise too die | 11 . | | `` | | |
| .T6(aj) | additional En aleast | wy) for each | $\Gamma\Gamma$ | j 1 | | . | 1 |
| | | 3/ LN-12 4 40/al | 1 1 | 1 I | .1: | 1 | . 1 . |
| DEPENDENT C | NAIM PREBENT (8) OFR 1.160 |)) | 1. | - | | | |
| | 1 to four than zoro, unter "0" in | | <u> </u> | <u> </u> | | | |
| • | men calb' suist .0. W | Polumn 2. | TOTAL | | • • | | |
| APPLICAT | 10N as amended — Pa | RTII · | | | T | OTAL . | |
| | | • | • | | | | |
| | umn 1) (Ootun XIMS Higher | / | SIANIA M | | OD : | OTUES W. | |
| REM | | CY T | SMALL E | MITY . | OR | OTHER THA BMALL ENTI | ₩ |
| I AMEN | AINING NUMBI TER PREVIOU | SLY EXTRA | RATE (1) | ADDI- | | | |
| 14(I) · | Minus 4 | | | TIONAL FEE (8) | . " | · 1 11K | ONAL . |
| Sant a | Minus ··· | 7 | × 85 | 5 | · | <u> </u> | |
| | - 1 1 1 | | | -/- / (| R X.5 | 2 0 1 | 2 |
| ion size fee (37 | | | ×100 - | ٠ لح | R XQUE |) 7 | |
| EBENTATION OF | MULTIPLE DEPENDENT OLAIM | 7 OFR 1.180% | 17782 m | | | | |
| f- 1·· | | 110011 | 180 | _ 0 | R 36 | 0 | |
| 402107 | | | ADD'L FEE | | | <u> </u> | · نا ا |
| CLAIN | Toolumn | 2) · . (Ookumn 3) | | - 0 | R ADD'L | #E | |
| ", REMAIN | ING HIGHEST | | | | | 7 | |
| AFTE | L PREVIOURI | PRESENT . | RATE (8) | 4001. | Dave | | |
| 17 | Minus PAID FOR | | | IONAL . | RATE | (5) ADI |)[- A |
| 1 3 | 10 | 1 / 1 | ×25. | 181 | } | FEE | (5)r. \ |
| | Minue on 3. | | | OR | x 50 | <u>).</u> | $Z^{\mathbf{\lambda}} \cdot \mathbf{f}$ |
| Stre Fee (37 OF | | / | (100. T | OR | x 200 | 21.7 | |
| ENTATION OF MU | LTIPLE DEPENDENT CLAIM (87 | | 10× 1/ | | | /- | |
| | (91) | FR 1.16(1). | 30 11. | | 36 | | |
| | | T | OTAL / | OR | | 41-1 | |
| column 1 is less | than the entry in polumn 2, who was Pald For IN THIS SPACE | · A | DD4 FFF I/ | ÓR | TOTAL ADD'L FEE | / | 1: |
| | | | · · | | • | | : |
| Number Previou | Duly Paid For IN THIS SPACE usly Paid For IN THIS SPACE sty Paid For Todat or Independ tied by 37 CFR 1.16. The Info philidealiality is appeared by 35 | is less than 8, enter "3". | | • | • | | 7 . |
| rmation is requi | red by 37 CFR 1.16. The Info | malles le mgheat numb | er found in the app | ropriale how to | iolumn 4 | • | 1 . |
| ahhisanou∵C | | | | | | lo file (and t | |
| | | | - N 491 . 4-315-00/10-6/- | | (INTE (2) | ··· uno ranto nov | ITIO |
| reparing, and su | ied by 37 CFR 1.16. The Into- infidealiafity is gaverned by 35 bonkling the completed applicat antideballistanomatic process of of Commerce, P.O. Box 1450 oner for Palents, P.O. Box | on form to the USPTO, | Time will vary dens | oding us | lo (ake 12 mi | rules le comple | |

If you need essistance in completing the form, cell 1-800-PTO-9199 and select option 2.